

## WORKING FORM T-9 QUARTERLY PREMIUM TAX COLLECTION

MAILING ADDRESS AND COMPANY INFORMATION					QUARTERL	Y TAX COMPUTATION	ON
				1.	Estimated Tax Liability for <b>CURRENT</b> year:		
Company Name				2.	Domestic Insurer's Privilege Tax Liability:	+	
Tax Department Address				3.	<b>TOTAL</b> Estimated Tax Liability:	=	
				4.	Payment Rate:	х	.25
				5.	TOTAL Amount Due	\$	
Contact Person		Telephone I	Number			↑ PAY THIS AN	MOUNT <b>↑</b>
Federal EIN #:	NAIC #:	NAIC Group #:	Company Type:				
					PAYME	NT MUST BE	
REFER ALL QUESTION		nn Fletcher, Tax are Department o			RECEIVED	ON OR BEFORE	
841 Silver Lake Boulevard Dover, Delaware 19904-2465					APRIL	15, 2000	
	(302) 7	39-4251, ext. 17	2	•		·	

### INSTRUCTIONS

In accordance with Title 18 <u>Delaware Insurance Code</u>, Section 702, a prepayment of twenty-five percent (25%) of the estimated tax liability for the current year must be made on or before the due dates as directed in 18 <u>Del. C.</u>, §702(d). There should be made four equal payments which are to be based on the projected amount expected to appear on Line 10 of Working Form T-1 when the Annual Premium Tax Report is filed for the current year. **If there is no quarterly payment due, a zero filing (\$0.00) is required to be filed by the due date**.

Delaware Domestic Insurers must include 25% of Domestic Insurers' Privilege Tax liability, as calculated according to 18 Del. C., §703.

Those companies with premium from Employer/Trust Owned Life Insurance policies (COLI premium) MUST include their estimated year-end liability as will appear on Line 13 of Working Form T-1 in the calculation of the quarterly premium tax prepayment amount. Twenty-five percent (25%) of these premiums must be included in the quarterly payments.

In accordance with 18 <u>Del. C.</u>, §702(f), as amended effective 6/30/96, no underpayment penalty will be imposed if the prepayments total 100% of prior year tax liability.

The Delaware Insurance Department has established a lock-box operation with PNC Bank for receipt of premium taxes and fees. Send this Working Form T-9, along with check (if applicable) to one of the addresses listed below. If no payment is due, return the form indicating zero amount. MAKE CHECKS PAYABLE TO: "Delaware Insurance Department". DO NOT send tax forms or checks to the Department.

**NOTE**: Premium tax filings must be **received** on or before the date indicated on each Working Form T-9. The Insurance Department does not accept postmark dates. An administrative penalty of \$100.00 per business day will be assessed for filings received after the due dates.

Filings mailed via U.S. Postal Service should be sent to:

Filings sent by courier or express service should be sent to:

DELAWARE INSURANCE DEPARTMENT c/o PNC Bank PO Box 7780-1865 Philadelphia, PA 19182-1941



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REFER ALL QUESTIONS TO: Mrs. Ann Fletcher, Tax Coordinator Delaware Department of Insurance 841 Silver Lake Boulevard Dover, Delaware 19904-2465					RECEIVED ON OR BEFORE  JUNE 15, 2000		
	(302) 7	739-4251, ext. 17	2				

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REFER ALL QUESTIONS TO: Mrs. Ann Fletcher, Tax Coordinator Delaware Department of Insurance 841 Silver Lake Boulevard Dover, Delaware 19904-2465			_	RECEIVED ON OR BEFORE  SEPTEMBER 15, 2000			
		, Deiaware 19904 739-4251, ext. 17				- , -	-

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